

## **RECOMMENDATION FORM**

Applicant's Name		
Recommending Of	fficial's Name	
School District	School Name	
Title	Phone/Email	
□ Yes □ No	1. Do you currently supervise and/or evaluate the applicant's classroom performance? If yes, <b>proceed to questions 4 and 5</b> .	
□ Yes □ No	2. Are you the applicant's former supervisor? If yes, please provide the name of the school where the applicant was working under your supervision and <b>proceed to questions 3, 4 and 5</b> .	
	School:	Dates:
□ Yes □ No	3. Do you have knowledge of the applicant's classroom performance by personal knowledge, review of personnel records; evaluations; or student test scores.	
	School:	Dates:
□ Yes □ No	4. Do you consider the applicant to be an effective classroom teacher? If yes, please indicate the basis for your opinion. eg review of records, evaluations, personal knowledge	
□ Yes □ No	5. Are you recommending the applicant to receive a housing incentive based on your belief that the applicant's retention as a classroom teacher will benefit the students and the district.	
Additional comme	nts:	
<u> </u>		<del>D</del> .
Signature		Date